

# Caregiving in 2006

## A VA Perspective

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# Issues Which Emerged From Last Year's Conference

- Need to continue developing mutually beneficial partnerships with community groups interested in caregivers in order to provide more support and choices to veterans and their caregivers



# Actions

- VHA Participation in the White House Conference on Aging Mini-conference on Caregiving – June 2005
- VHA Participation in Consensus Conference sponsored by the Family Caregiver Alliance – Sept 2005
- Office of Care Coordination display at the White House Conference of Aging December, 2005

# More Actions

- Member of National Quality Caregiving Coalition – Rosalynn Carter Institute
- Exploration of potential partnerships between VHA HSR &D and NIH
- Ongoing partnerships with the national community groups interested in caregiving e.g American Cancer Society, American Red Cross, the Rosalynn Carter Institute, Faith in Action, the Alzheimers Assn

# Issues From Last Year

- Need to develop a caregiver resource guide. Help make clinicians and caregivers aware of available resources through many different mediums



# Actions

- OCC Website now has a section on Caregiver Resources
- National SW Staffing and Clinical Practice committee developed a Caregiver Resource Directory that is posted on the OCC Website and SW Collage Page

# More Issues From Last Year

- Need to institutionalize the concept of caregivers as partners and create/identify more champions of caregivers on many different levels i.e. front line staff, program managers, researchers, senior managers, VACO staff, VSOs (The targeted audience here this year!)

# Actions

- Conversations with leaders in Patient Care Services
- Exploration of use of caregiver high risk screens in Geriatrics
- Participation in MH Steering Committee's Veteran-Family Centered Care Work Group
- HSR & D solicitation of Long Term Care projects specifically related to transitions, care coordination and quality of life, involving both pts and caregivers



# More Issues

- Need to identify caregivers at risk.  
Use telehealth technology for assessment and education of caregivers



# Actions Taken

- Continuation of Caregiver High Risk Assessment pilot initiative
- Project with University of Missouri to analyze results of caregiver high risk screens
- Beginning effort to connect results with veteran outcomes

# Actions Taken

- Continued individual conversations with a number of VISNs about doing Caregiver High Risk Screens
- Moving ahead with the plan to load caregiver high risk screens on the messaging devices

# Another Issue Identified

- Need to educate others about needs of caregivers and how to work with them



# Actions Taken

- Decision made to support a training module for staff on working more effectively with caregivers. To be developed through the Sunshine Training Center
- Caregiver video produced by OCC-EES to increase awareness about the needs of caregivers. Will be available for use in the field

# Actions Taken

- Continuation of VHA/OCC support for this annual Caregiver Conference
- Many presentations on topic to various groups e.g. VHA Case Management Group, National ADHC Conference

# Examples of Current VA Caregiver Initiatives

- VISN 5 MS Center of Excellence- Dr. Christine Martin  
Providing NFCA's caregiver training on "Communicating Effectively with Health Care Professionals"  
Expanding to VISNs 1-11
- VISN 5 MIRECC- Dr. Paul Ruskin  
3 part video on why families need to be involved. Is accessible via the Intranet

# Current VHA Initiatives

- VISN 5 - Evaluation of impact of NAMI's Family to Family Education Program on 300 caregivers – Dr. Lisa Dixon
- Partners in Dementia Care – Joint project of Alzheimers Assn and VISN 2 – Joseph Striano





# Current VA Initiatives

- VISN 4 MIRECC-Dr. Armondo Rotondi- Development of a Caregiver Assessment Tool. Will be compared to the 2 high risk caregiver screens OCC is using
- Natl Mental Health Consumer Council
- Polytrauma Centers – Ex. Using volunteers from Marines for Life to support caregivers
- Fisher Houses

# Future Directions

Need more evaluation of model projects to provide evidence based practice guidelines in working with caregivers

- Next challenge –when we know something works, how do we disseminate this to the field, and make it consistent standard practice? (Ex. Clear evidence that involving families and family psycho-education has a major impact on health outcomes of adults with SMI, but still not routinely done)
- What quality measures should we adopt?

# Future Directions

- More involvement of caregivers in treatment teams and more shared decision making esp. during times of transition. What would that look like?
- Dealing with barriers e.g. vet, family and staff resistance, liability issues, HIPAA, VHA regulations, limited resources, workload capture

# Future Directions

- More veteran and caregiver self-management
  - Educate patients on how they can better help their caregivers do their jobs
  - Teach/make resources available to caregivers on how they can better cope and manage their stress/burden

# Future Directions

- Innovative use of technology to connect caregivers to each other, and to providers
  - Moderated conference calls/chat rooms
  - Family access (with vet's permission) to My Healthe-vet
  - Exploration of new technology out there

# Future Directions

- Have made some progress, but VA needs to get even better at community partnering, and to be at the table
- Reaching the Tipping Point

